



Briefing: Abortion provision in Northern Ireland: The views of health professionals working in obstetrics and gynaecology units

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BRIEFING MARCH 2021: ABORTION PROVISION IN NORTHERN IRELAND

THE VIEWS OF HEALTH PROFESSIONALS WORKING IN OBSTETRICS AND GYNAECOLOGY UNITS

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BACKGROUND

Abortion became decriminalised in Northern Ireland in October 2019. Until that point there existed no evidence concerning the views of health professionals on decriminalisation or on their willingness to be involved in abortion care. The purpose of this study was to address this lack of evidence, including all categories of health professionals working in obstetrics and gynaecology units in Northern Ireland.

METHODS

The online survey was targeted at medical, nursing and midwifery staff working in the obstetrics and gynaecology units in each of the five Health and Social Care Trusts in Northern Ireland. In total 312 health care professionals took part in the study.

KEY FINDINGS

1. The findings showed widespread support for decriminalisation of abortion up until 24 weeks' gestation (54%).
2. The majority of clinicians stated they were willing to provide abortions in certain circumstances (which were undefined) (60% medical abortions; 50% surgical abortions).
3. Despite regional variation, the results show that there are sufficient numbers of clinicians to provide a service within each HSC Trust.
4. The results indicate that many clinicians who report a religious affiliation are also supportive of decriminalisation (51% Catholic; 45% Protestant) and are willing to provide care, countering the assumption that those of faith would all raise conscientious objections to service provision.

RECOMMENDATIONS

1. There is a need to provide education and training to clinicians in Northern Ireland who may encounter a patient at any point along the pathway to choosing and accessing an abortion. This is important both for mitigating abortion stigma and ensuring that women are treated with compassion and respect, and for ensuring that the skills of clinicians are of a requisite standard.
2. Health and Social Care Trusts managers should discuss with staff their views on abortion and whether they intend to opt out of any aspect of abortion care, in order to inform service planning and development at a local level. These discussions should have sufficient detail to indicate what procedures or processes an individual is comfortable with, and what they are not comfortable with.
3. Future research is needed to assess the views of GPs and to ascertain which models of care may work best in the Northern Ireland context.

CONCLUSION

The findings of this study are very encouraging for the development, implementation and delivery of local abortion care within HSC in Northern Ireland, and should go a long way to informing commissioners and providers in the design of a service model and its underpinning training programmes.

PROJECT DETAILS

Research paper: Bloomer, F. K., Kavanagh, J., Morgan, L., McLaughlin, L., Roberts, R., Savage, W., & Francome, C. (2021). Abortion provision in Northern Ireland—the views of health professionals working in obstetrics and gynaecology units. *BMJ Sexual & Reproductive Health* <http://dx.doi.org/10.1136/bmjshr-2020-200959>

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